Complete Summary

GUIDELINE TITLE

Routine prenatal and postnatal care.

BIBLIOGRAPHIC SOURCE(S)

Michigan Quality Improvement Consortium. Routine prenatal and postnatal care. Southfield (MI): Michigan Quality Improvement Consortium; 2006 Jul. 1 p.

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Pregnancy and post partum

GUIDELINE CATEGORY

Evaluation
Prevention
Screening

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Obstetrics and Gynecology
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Health Plans
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

- To achieve significant, measurable improvements in the management of routine prenatal and postnatal care through the development and implementation of common evidence-based clinical practice guidelines
- To design concise guidelines that are focused on key management components of routine prenatal and postnatal care to improve outcomes

TARGET POPULATION

- Pregnant women
- Post partum women up to 4 to 6 weeks after delivery

INTERVENTIONS AND PRACTICES CONSIDERED

Routine prenatal and postnatal care including:

1. Social and medical history
2. Patient assessment (e.g., dental and nutritional health, physical and sexual activity, alcohol and drug abuse, tobacco use, genetic risk factors, medications)
3. Patient education
4. Physical exam including pelvic exam
5. Fundal height, weeks gestation
6. Blood pressure, weight, body mass index (BMI)
7. Laboratory tests (e.g., routine urinalysis, culture, urine for glucose and albumin, Rh type, blood type, antibody screen, hemoglobin and hematocrit, Pap smear, maternal serum alpha fetoprotein, group B strep cultures [vaginal and rectal])
8. Fetal position and fetal heart tones
9. Human immunodeficiency virus (HIV) counseling and testing
10. Screening for sexually transmitted diseases (STD), hepatitis B, rubella, and gestational diabetes
11. Influenza vaccine
12. Folic acid

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The Michigan Quality Improvement Consortium (MQIC) project leader conducts a search of current literature in support of the guideline topic. Computer database searches are used to identify published studies and existing protocols and/or clinical practice guidelines on the selected topic. A database such as MEDLINE and two to three other databases are used.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence for the Most Significant Recommendations

A. Randomized controlled trials
B. Controlled trials, no randomization
C. Observational studies
D. Opinion of expert panel

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Using the health plan guideline summaries and information obtained from the literature search, the Michigan Quality Improvement Consortium (MQIC) director and/or project leader prepare a draft guideline for review by the MQIC Medical Directors.

The draft guideline and health plan guideline summaries are distributed to the MQIC Medical Directors for review and discussion at their next committee meeting.

The review/revision cycle may be conducted over several meetings before consensus is reached. Each version of the draft guideline is distributed to the MQIC Medical Directors, Measurement, and Implementation Committee members for review and comments. All feedback received is distributed to the entire membership.

Once the MQIC Medical Directors achieve consensus on the draft guideline, it is considered approved for external distribution to practitioners with review and comments requested.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Once the Michigan Quality Improvement Consortium (MQIC) Medical Directors achieve consensus on the draft guideline, it is considered approved for external distribution to practitioners with review and comments requested.

The MQIC director also forwards the approved guideline draft to presidents of the appropriate state medical specialty societies for their input. All feedback received from external reviews is presented for discussion at the next MQIC Medical Directors Committee meeting. In addition, physicians are invited to attend the committee meeting to present their comments.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The level of evidence grades (A-D) are provided for the most significant recommendations and are defined at the end of the "Major Recommendations" field.

Routine Prenatal and Postnatal Care

Recommendation	6-8 weeks	14-16 weeks	24-28 weeks	32 weeks	36 weeks	38 weeks	39 weeks	40 weeks	41 weeks	Post partum 4-6 weeks after delivery
Social and medical history (*update at each visit*)	X	X	X	X	X	X	X	X	X	X
Assessment (dental and nutritional health, weight, physical and sexual activity, alcohol and drug abuse, tobacco use **[A]**, domestic violence, environment, genetic risk factors, medications, transportation, seatbelt use **[B]**, infant car seat use **[A]**, childbirth education, adequate social support, coping skills, financial resources, knowledge of available resources, mental health, ability to comprehend information or care provided) *(update at each visit)*	X	X	X	X	X	X	X	X	X	X
Education and counseling (need for early [first trimester] and consistent prenatal care; prevention of unintended pregnancy; benefits and methods of breastfeeding; assessment and referrals for ongoing parenting education and early	X				X					X[1]

Recommendation	6-8 weeks	14-16 weeks	24-28 weeks	32 weeks	36 weeks	38 weeks	39 weeks	40 weeks	41 weeks	Post partum 4-6 weeks after delivery
childhood care)										
General physical exam	X									X
Pelvic exam	X					X	X	X	X	X
Blood pressure **[B]**, weight, body mass index (BMI)	X	X	X	X	X	X	X	X	X	X
Fundal height, weeks gestation	X	X	X	X	X	X	X	X	X	
Routine urinalysis, culture **[A]**		X								
Urine for glucose and albumin	X	X	X	X	X	X	X	X	X	
Fetal position, fetal heart tones		X	X	X	X	X	X	X	X	
D (Rh) type, blood type, antibody screen **[A]**	X									
Pap smear **[A]** *(if not performed in past 12 months)*	X									
Human immunodeficiency virus (HIV) counseling/testing **[A]** **Repeat at 36 weeks if previous negative test in prenatal care or women who have never been tested*	X				X					
Sexually transmitted diseases (STD) screening (gonorrhea [GC], chlamydia, Venereal Disease Research Laboratory [VDRL] **[A]**) for high-risk patients *(e.g., new or multiple sexual*	X		X (28-36 weeks+)							

Recommendation	6-8 weeks	14-16 weeks	24-28 weeks	32 weeks	36 weeks	38 weeks	39 weeks	40 weeks	41 weeks	Post partum 4-6 weeks after delivery
partners, history of sexually transmitted diseases, not using condoms consistently or correctly) **Rescreen in third trimester if at continued risk.*										
Hepatitis B **[A]** and rubella screening **[B]**	X									
Hemoglobin and hematocrit **[B]**	X		X		X					
Maternal serum alpha fetoprotein/multiple marker screening **[B]**		X (16-20 weeks)								
Screening for gestational diabetes *(test earlier if previous history gestational diabetes)*			X							X[2]
Influenza vaccine *(second or third trimester during flu season)*		X	X							
Group B strep cultures *(vaginal and rectal)*					X (35-37 weeks)					
Folic acid (0.4 to 0.8 mg one month prior to conception through 1st trimester) **[A]**	X	X								

[1] Education and counseling for prevention of unintended pregnancy

[2] Arrange follow-up to screen for non-gestational diabetes six weeks after delivery and annually thereafter

Definitions:

Levels of Evidence for the Most Significant Recommendation

A. Randomized controlled trials
B. Controlled trials, no randomization
C. Observational studies
D. Opinion of expert panel

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence is provided for the most significant recommendations (see "Major Recommendations" field).

This guideline is based on several sources, including: Routine Prenatal Care, Institute for Clinical Systems Improvement, 2005 (www.icsi.org).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Through a collaborative approach to developing and implementing common clinical practice guidelines and performance measures for routine prenatal and postnatal care, Michigan health plans will achieve consistent delivery of evidence-based services and better health outcomes. This approach also will augment the practice environment for physicians by reducing the administrative burdens imposed by compliance with diverse health plan guidelines and associated requirements.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

This guideline lists standard pregnancy management steps. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

When consensus is reached on a final version of the guideline, a statewide mailing of the approved guideline is completed. The guideline is distributed to physicians in the following medical specialties:

- Family Practice
- General Practice
- Internal Medicine
- Other Specialists for which the guideline is applicable (e.g., endocrinologists, allergists, pediatricians, cardiologists)

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

This guideline is based on the Routine Prenatal Care, Institute for Clinical Systems Improvement, 2005 (www.icsi.org).

DATE RELEASED

2006 Jul

GUIDELINE DEVELOPER(S)

Michigan Quality Improvement Consortium - Professional Association

SOURCE(S) OF FUNDING

Michigan Quality Improvement Consortium

GUIDELINE COMMITTEE

Michigan Quality Improvement Consortium Medical Director's Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Physician representatives from participating Michigan Quality Improvement Consortium health plans, Michigan State Medical Society, Michigan Osteopathic Association, Michigan Association of Health Plans, Michigan Department of Community Health and Michigan Peer Review Organization

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Michigan Quality Improvement Consortium Web site.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on October 16, 2006. The information was verified by the guideline developer on November 3, 2006.

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